



# Training Opportunity

<b>Course Title:</b>	<b>Budget Formulation (24 CPE)</b>
<b>Date(s)/Time:</b>	<b>December 8-10, 2004 800am-430pm</b>
<b>Location:</b>	<b>Sparkman Center, Bldg 5304, Room 4370</b>
<b>Tuition:</b>	<b>\$300</b>
<b>Vendor:</b>	<b>USDA Grad School</b>
<b>Course Manager:</b>	<b>Louise Olszewski at <a href="mailto:Louise.Olszewski@cpocscr.army.mil">Louise.Olszewski@cpocscr.army.mil</a> 256 842-6670/DSN 788-6670</b>
<b>Cancellation Policy</b>	<b>If reservation is cancelled, you may substitute another employee after registration deadline.</b>

**Prerequisite:** Introduction to Federal Budgeting or equivalent experience.

## **Course Description:**

Can you build the accurate and defensible budget your organization depends on for continued operation? Will it pass the Office of Management and Budget's strict standards? This course was developed to help you through the process.

Master the skills necessary to build an accurate and defensible budget. Learn how strategic planning and performance measures are the keys to compliance with the Government Performance and Results Act and why federal budgets need to be mission driven. You also discover effective techniques for formulating a budget, the relationship between current-year and prior-year budgets and how to comply with the requirements of OMB Circular A-11.

## **Registration Information:**

**Registration Deadline: Nov 5, 2004**

Participants should follow local training request procedures for approval to attend this course. After receiving approval, your organization's credit card holder should complete and fax the payment authorization sheet to the course manager, Louise Olszewski prior to the registration deadline. To cancel your registration or substitute another employee, contact Louise Olszewski at [Louise.Olszewski@cpocscr.army.mil](mailto:Louise.Olszewski@cpocscr.army.mil) or 842-6670.

**Additional Information:** Registration is not complete until the Payment Authorization Sheet is faxed to Louise Olszewski, the course manager, at the South Central Training and Learning Center (TLC) at 256 876-3627/DSN 876-3627. Click here for a form-fillable [payment authorization sheet](#) – after completing the form online you must print the document and fax it to the TLC. You will **not** be able to email or save the completed document.

**Redstone Arsenal Employees:** Registration in TIPS alone for the subject course will not register you for the course. The registration process is not complete until the SC CPOC receives your payment authorization sheet completed by you and your credit card holder. It should be faxed to our office at 876-3627 to secure your slot in the course. This is regional training and as such the registration process requires this additional step.

Class size is limited to 25 participants.

## South Central Region Human Resources Development Payment Authorization Sheet

This document confirms approval of the following individual(s) to attend this training program and authorizes the vendor to charge the listed tuition amount to the attendee's organization. **If multiple employees are attending from the same organization attach a separate sheet listing each additional employee's name, phone number and e-mail address.** Fax completed document(s) to: **256-876-3627 (DSN 746-3627)**. If you have questions, please call Louise Olszewski, 256 842-6670 (DSN 788).

**Course:** **Budget Formulation**  
**Training Location:** **Sparkman Center, Bldg 5304, Room 4370 – Redstone Arsenal, AL**

**Start Date:** **December 8-10, 2004 800am-430pm**  
**Tuition:** **\$300**  
**Vendor:** **USDA Grad School**

**Employee Name:**  
**Course Date:**  
**Organization:**  
**Installation:**  
**Phone number:**  
**FAX number:**  
**E-Mail Address:**

**Cardholder Name**  
**Cardholder phone number**  
(commercial number with area code)

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**Payment Information** ☐

Please charge the tuition amount to:  
Purchase Card #:

\_\_\_\_\_

☐

Expiration Date \_\_\_\_\_  
Please contact the cardholder listed above to obtain  
purchase card information.

**Receipt Information** ☐

☐

I do not require a receipt for this service **OR**  
Please send receipt to (provide address, fax and/or  
e-mail):

☐

E-Mail (Optional)

\_\_\_\_\_

Commercial FAX Number (Optional):

\_\_\_\_\_

\_\_\_\_\_  
Signature of purchase card holder

\_\_\_\_\_  
Date